

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/13/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445108	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED R 05/13/2020
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, MURFREESBORO			STREET ADDRESS, CITY, STATE, ZIP CODE 420 N UNIVERSITY ST MURFREESBORO, TN 37130		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	INITIAL COMMENTS Stories: 2 (with basement) Construction Type: II-B Sprinkled: Yes Constructed: 1950's Certified Beds: 181 A Life Safety desk review follow up was conducted on 05/13/2020 for all previous deficiencies cited on 02/19/2020. All deficiencies have been corrected, and no new non compliance was found. The facility is in compliance with all regulations surveyed.	{K 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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45th day / 70th
4-5-20 4-30-20

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION POC #1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445108	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/19/2020
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K 000	INITIAL COMMENTS Stories: 2 (with basement) Construction Type: II-B Sprinkled: Yes Constructed: 1950's Certified Beds: 181 A Life Safety code survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulations Office of Health Care Facilities, on 02/19/2020. During this life safety survey, NHC Murfreesboro was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from fire, and the related National Fire Protection Association (NFPA) standard 101 (2012 Edition)	K 000	This Plan of Correction is submitted as required under State and Federal Law and does not constitute an admission on the part of the facility that the findings cited are accurate, that the findings constitute a deficiency, or that the scope and severity regarding the deficiency cited are correctly applied.	
K 353 SS=D	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for	K 353	On 2/26/20 Simplex Grinnell inspected the Sprinkler System to meet NFPA 25. The water supply Source is City of Murfreesboro.. Simplex Grinnell is contracted to ensure proper placement of sprinklers and to inspect on a yearly contract. All Star Sprinkler repaired the damaged sprinkler in the regional office by the door on Friday, 3/6/2020. The Maintenance Director will monitor the Building through the Quality Assurance Committee which is made up of the following People: Medical Director, Assistant Medical Director, Administrator, Director of Nursing, Health Information, Social Services, and Dietician.	3.6.2020

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Kym Foster

TITLE

Administrator

(X6) DATE

3/9/2020

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3-9-20

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K 353	<p>Continued From page 1</p> <p>any non-required or partial automatic sprinkler system.</p> <p>9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, the facility failed to maintain the sprinkler system.</p> <p>The finding included:</p> <p>Observations on 02/19/2020 at 10:38 AM, revealed a damaged sprinkler in the regional offices by the door.</p> <p>NFPA 101, 19.3.5.1 (2012 Edition), NFPA 101, 9.7.5 (2012 Edition), NFPA 25, 5.2.1.1.1 (2011 Edition) NFPA 25, 5.2.1.1.2 (2011 Edition)</p> <p>The maintenance director was present when this deficiency was identified, and was later acknowledged by the administrator during the exit conference on 02/19/2020.</p>	K 353			

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{E 000}	Initial Comments A Emergency Preparedness Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities survey on 02/19/2020. During this Emergency Preparedness Survey, NHC, Murfreesboro was found in compliance with the requirements for participation in Emergency Preparedness Regulations for Long-Term Care Facilities, Federal CFR §483.73.	{E 000}			

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Ryma Foster

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